

PTO/SB/22 (12-04)

Approved for use through 07/31/2008. OMB 0651-0031

U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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| | | | |
|--|--|----------------------------|--|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) | |
| FY 2005 | | 1999-31 | |
| (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618)) | | | |
| Application Number 09/599,124 | | Filed 06/22/2000 | |
| For Hierarchical Key Management | | | |
| Art Unit 7360 | | Examiner JOSEPH M. MCARDLE | |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|--------|------------------|------------------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ _____ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ |
| <input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ <u>\$1020</u> |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-1450. I have enclosed a duplicate copy of this sheet.


WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number 42,609

☐ attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____



 David G. Grossman
 Typed or printed name

12/21/2004

 Date
 (703) 689-4881

 Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 8 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time with any depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999

Application or Docket Number

9,599/24

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------|
| FOR | NUMBER FILED | NUMBER EXTRA |
| BASIC FEE | | |
| TOTAL CLAIMS | 32 minus 20 = | 12 |
| INDEPENDENT CLAIMS | 2 minus 3 = | 1 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | |

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|--------|--------|----|--------|--------|
| | 345.00 | OR | | 690.00 |
| X\$ 9= | | OR | X\$18= | 2/4 |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL | | OR | TOTAL | 906 |

CLAIMS AS AMENDED - PART II

12/21/04

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) | (Column 5) |
|--|----------------------------------|------------|------------------------------------|------------|---------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | 32 | Minus | 32 | = | |
| Independent | 2 | Minus | 2 | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

SMALL ENTITY OR OTHER THAN SMALL ENTITY

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) | (Column 5) |
|--|----------------------------------|------------|------------------------------------|------------|---------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | | Minus | | = | |
| Independent | | Minus | | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) | (Column 4) | (Column 5) |
|--|----------------------------------|------------|------------------------------------|------------|---------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA |
| Total | | Minus | | = | |
| Independent | | Minus | | = | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | |

| RATE | ADDI-TIONAL FEE | | RATE | ADDI-TIONAL FEE |
|------------------|-----------------|----|------------------|-----------------|
| X\$ 9= | | OR | X\$18= | |
| X39= | | OR | X78= | |
| +130= | | OR | +260= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.